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Guide to

Ontario

Health


Insurance

Ministry of Health



Ontario

Elinor Caplan, Minister



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Foreword

This booklet is intended to provide a basic outline of the Ontario Health Insurance Plan (OHIP). It highlights information that all Ontario residents, including newcomers to the province and returning residents, should be aware of. All information is subject to provisions of the Health Insurance Act and Regulations and is correct at the time of compilation.

OHIP is a comprehensive provincial government-sponsored plan of health coverage for Ontario residents. It provides a wide range of benefits for medical, hospital and certain other health practitioners' services.

For further information on any matter concerning your health coverage, telephone, write or visit your local OHIP office. A list of OHIP offices begins on page 29.

Eligibility

All residents of Ontario — regardless of age, state of health, or financial means — are entitled to participate in OHIP. A resident is a person who is legally entitled to remain in Canada and who makes his/her home in and is ordinarily present in Ontario. Tourists, transients and visitors to Ontario are not eligible to enrol in OHIP.

Types of coverage

Participation in the Ontario Health Insurance Plan is on a group or direct payment basis, as determined by the following:

Participation on a group basis

Residents of Ontario who are employed where there are 15 or more employees on the payroll must be enrolled in OHIP on a group basis by the employer. This also applies to residents employed where there are from six to 14 people on the payroll and the employer has elected to enrol his/her employees in OHIP.

Although the employer must account for all employees on the payroll, it is not necessary to enrol those who are 64 years and nine months of age or over, those who receive OHIP coverage through their spouse, those students who intend to return to school at the end of the employment period, those who qualify for premium assistance after commencing employment, etc. Please check with your employer for further details.

OHIP is also available on a collector group basis to organizations such as professional groups or associations, provided they have 15 or more members. Details are available on request from your OHIP office. (See pages 29 and 30.)

Participation on a direct payment basis

Any resident who is not connected with an employer or an organization through which OHIP is available may enrol individually and pay premiums directly to OHIP on a quarterly basis. Those who are unable to pay their premiums due to financial difficulties can apply for assistance.

Your identification card

Each certificate holder and his/her family is provided with an identification card bearing their OHIP number. This card is to be presented to the hospital, physician or health practitioner when insured services are needed. Always have this card available for use in emergencies, and always quote your number when corresponding with OHIP.

If your card is lost, a replacement may be obtained from your OHIP office or from your place of employment if you are enrolled in an employer group. Try to ensure that whenever you are issued a new identification card, either because you have lost your card or because your OHIP coverage has lapsed, you are covered under your former OHIP number. If for any reason you are given more than one number contact your local OHIP office and have them confirm the correct number and delete the incorrect number.

Premiums

Group premiums are billed and remitted monthly, three months before the benefit month to which they apply (i.e. premiums are due in January to cover the April benefit period, or in February to cover the May benefit period).

Persons enrolled on a direct payment basis pay quarterly, three months in advance of the applicable benefit period.

The OHIP prepayment period is beneficial to the insured person since the period of prepaid protection can be valuable in times of unforeseen financial difficulty.

Eligible spouse and dependants

The family premium covers the identification holder, the spouse and eligible dependants. An eligible dependant is a child who is under the age of 21 years, unmarried, and dependent for support upon the insured person. This would also include an adopted child or one to whom the insured person stands in the position of a parent.

Also eligible as dependants are children aged 21 and over who are financially dependent upon the insured person because they are physically or mentally disabled, provided such children were financially dependent upon that person prior to turning 21. However, the spouses of such children must obtain separate coverage.

Help in paying your premium

A reduced income or financial difficulties need not prevent you from having OHIP coverage. For further information and applications, please contact your local OHIP office.

Social assistance

Premium-free OHIP coverage is available to persons who qualify for assistance through

the Ministry of Community and Social Services or through their local municipal welfare office. People who qualify for social assistance may also be eligible for Ontario Drug Benefit. For details, consult your social worker.

Premium-free coverage for senior citizens

Residents of Ontario who are 65 years of age or over are eligible for premium exemption if they have lived in Ontario for at least 12 consecutive months immediately prior to making application.

Residents approaching their 65th birthday must apply for premium-free coverage. If they pay their premiums on a direct basis or receive assistance in paying premiums, they should apply directly to their local OHIP office three to six months prior to their 65th birthday. If their premiums are paid through an OHIP group, a Certificate of Payment (Form 104) should be obtained from the employer. This form should be completed and forwarded to OHIP.

Residents who turn 65, and who have applied to OHIP, become eligible for premium-free coverage on the first day of the month in which their birthday occurs.

Senior citizens who retire or travel outside the province must spend four consecutive months of each year in Ontario in order to remain eligible for coverage. (See page 21 for more information.)

In the case of married couples, if one partner is under age 65 but the other is over, the OHIP number may be transferred to the name

of the older partner, to qualify for premium-free coverage. This exemption also provides coverage for eligible dependants.

When coverage begins

Uninsured Ontario residents

For eligible Ontario residents coverage begins on the first day of the third month following the month of joining an OHIP group or making application for pay-direct enrolment. Coverage may be provided retroactively in cases of extenuating circumstances.

Canadians from another province or territory

Persons moving from another Canadian province or territory to take up permanent residence in Ontario become eligible for OHIP coverage on the first day of the third month following their arrival in Ontario or on the expiry date of their former coverage (whichever is later). They must apply to OHIP before the first day of the third month following their arrival in Ontario. If application is not made within the required time, coverage will not be effective until the first day of the third month following the month in which application is made.

Students who have come to Ontario from another part of Canada to attend an educational institution should check on the particulars of their home province's plan. The home province is responsible for coverage unless the student becomes a permanent resident of Ontario.

Landed immigrants and others

Persons in the following categories are exempted from the normal three-month

waiting period for coverage, provided they apply immediately after arrival in Ontario or after discharge from institutions noted below.

Coverage will begin on the first day of the month following the month of application for persons who are:

- landed immigrants
- holders of student authorizations

Coverage will begin on the first day of the month following the month of arrival for persons who are:

- returning landed immigrants
- Canadians returning to Canada to be residents of Ontario
- insured Ontario residents' non-Canadian spouses and children taking up Ontario residence for the first time
- missionaries from Ontario returning after a posting outside Ontario

Coverage will begin on the first day of the month following the month of discharge from:

- Canadian Forces or RCMP
- Canadian penal or correctional institutions
- Ontario psychiatric facilities

Questions regarding the above or any other situations (i.e., refugees, persons with Minister's permits, employment authorizations) should be referred to your nearest OHIP office. (See pages 29 and 30.)

Changes affecting a subscriber's status

When you marry

You must arrange to change your OHIP number to family coverage by the end of the month following the month of marriage.

If either husband or wife is covered through a group it is preferred that the family premiums be paid through that group. However, the spouse with group coverage may claim exemption from the group if the family premium is being remitted on a pay-direct basis in the name of the other spouse.

If both the husband and wife are covered through groups at the time of the marriage, the family premiums may be paid through either the husband's group or the wife's group. In such cases, the other person claims exemption from his or her own group.

If neither husband nor wife is insured through a group, be sure to advise OHIP of your marriage. Give the date of marriage, and both the husband's and wife's OHIP numbers.

Any change in marital status should be reported to OHIP immediately in order to ensure continuous OHIP coverage. This includes marital separation and common-law marriage.

Divorced spouses are not eligible for benefits under their former spouse's OHIP coverage once divorce is final. The spouse must apply for separate coverage.

When you have a child

If you are already enrolled for family coverage it is not necessary to advise OHIP when children are born or adopted, since they are automatically included as dependants. However, if adopted children or step-children bear different surnames from the subscriber, OHIP must be notified in writing in order to facilitate payment of claims.

A person enrolled for single coverage should immediately arrange for family coverage if a child is to be included as a dependant. If you are enrolled through a group, inform your group of the birth or adoption; otherwise, inform OHIP.

When you become employed

If you have been enrolled on a pay-direct basis and you or your spouse become employed where there is an OHIP group, you should transfer the coverage to that group, unless you are eligible for exemption. To ensure continuous protection, give your employer your own or your spouse's OHIP number without delay. Also provide your employer with your pay-direct premium notice if applicable.

When you change your job

To maintain continuous coverage it is important to carefully follow the instructions on the OHIP Certificate of Payment (Form 104) which your employer or group administrator is required to issue when you leave.

When you move

Pay-direct subscribers should advise OHIP of any change in their mailing address.

When you travel

To remain eligible for OHIP coverage you must maintain your Ontario resident status and spend at least four consecutive months of each year in Ontario. (See page 21 for more information.)

Changes affecting a dependant's status

On reaching age 21, on marriage, or on becoming fully employed — whichever happens first — a young person normally ceases to be classed as a parent's dependant and should contact OHIP to arrange for his/her own coverage. (See page 7.)

When a dependant reaches age 21

A dependant ceases to be eligible for coverage under a parent's OHIP number on the first day of the month following his/her 21st birthday.

To maintain continuous coverage application should be made to OHIP by the end of the month following the month of the 21st birthday. Applications for direct coverage are available from your OHIP office. (See pages 29 and 30.)

When a dependant marries

A dependant of any age who marries ceases to be eligible for coverage under a parent's OHIP number from the first day of the month following marriage:

- If either the dependant or his/her spouse is covered through an employer group, he or she should notify the employer regarding the change to family coverage
- If either the dependant or his/her spouse is covered on a pay-direct basis, he or she should notify OHIP, giving marriage date, husband's name, wife's maiden name, present address and OHIP number under which each partner is insured
- If neither the dependant nor the spouse has his/her own coverage he or she should apply directly to OHIP for family coverage

In all cases, notification must be given by the end of the month following the month of the marriage. (See page 10.)

When a dependant becomes employed full-time

A dependant ceases to be eligible for coverage under a parent's OHIP number from the first day of the third month after becoming a full-time employee. Continuous coverage may be arranged by registering through the employer's OHIP group. If the employer does not have group coverage the employee should apply directly to OHIP within 30 days of becoming fully employed.

A dependant with a summer job who is returning to school in the fall is not considered to be employed full-time. Exemption from premium payments may be claimed by completing an exemption form obtained from the employer.

What OHIP pays for in Ontario

Benefits for the professional services of physicians and other health practitioners included in OHIP are available when the person providing the service is duly licensed to practise that profession in the area where the service is received.

OHIP benefits are available for medically necessary services received in approved nursing homes, homes for the aged and hospitals such as public general hospitals, hospitals for convalescents and the chronically ill, and Ontario psychiatric hospitals. Benefits are not provided in health spas and similar facilities.

Physicians' services

OHIP pays for physicians' services that are medically required for you, your spouse and eligible dependants.

OHIP benefits include the following services:

- physicians' services in the home, the physician's office, the hospital or other institution
- diagnosis and treatment of illness and injury
- treatment of fractures and dislocations
- surgery
- administration of anesthesia
- X-rays for diagnostic and treatment purposes
- obstetrical care, including prenatal and postnatal care
- laboratory services and clinical pathology, when ordered by a physician

OHIP pays according to an OHIP Schedule of Benefits.

Hospital services

If you are an insured person treated at an approved hospital by a physician, OHIP covers the cost of the following services, when medically necessary in the diagnosis and treatment of your illness or injury, on an in-patient or out-patient basis:

- standard-ward accommodation
- necessary nursing services, when provided by the hospital
- laboratory and X-ray diagnostic procedures
- drugs prescribed by a physician
- use of operating and delivery rooms, anesthetic and surgical supplies
- use of radiotherapy facilities
- services rendered by any person paid by the hospital

-
- use of home renal dialysis equipment
 - use of home hyperalimentation equipment
 - dental services (See page 19.)

In addition, OHIP benefits are provided for the following services when prescribed by a physician as a medically necessary course of treatment, and provided in Canada by hospitals approved by OHIP:

- occupational therapy
- physiotherapy
- speech therapy
- audiology
- psychology

Extended care (Nursing Homes)

When an insured person needs regular medical supervision as well as nursing and personal care on a 24-hour basis, OHIP will pay a portion of the standard ward costs in a licensed nursing home. Any additional charges for uninsured services, such as private or semi-private accommodation, are to be paid for by the resident. Need for extended care should be discussed with a physician who will complete an application on an applicant's behalf. Application forms may be obtained from OHIP offices, hospitals, doctor's offices, Placement Co-ordination Service centres or by calling the Ministry of Health at (416) 965-1506. A walk-in service is also available in downtown Toronto at the Toronto Public Inquiry Centre, 50 Grosvenor Street.

Chronic hospital care

Chronic care is available in hospitals throughout Ontario for those who have long-term illnesses or disabilities which cannot be treated at home.

Patients who occupy chronic care beds for more than 60 days contribute to the cost of their room and board through co-payments, unless they qualify for an exemption.

For further information about chronic care co-payments or exemptions, contact the hospital administrator or write directly to:

Director
Community Hospitals Branch
Ministry of Health
15 Overlea Boulevard, 7th Floor
Toronto, Ontario M4H 1A9

Home Care Program

Patients who require health care service on a visiting basis may be able to have these services provided in their homes. With home care services, admission to hospital may not be necessary or, if necessary, could mean an earlier discharge. To be eligible for this benefit, a patient's home situation and health condition must meet specific criteria. Patients can participate in a home care program only when the doctor specifies that at least one professional health service is needed. The doctor applies for home care on behalf of the patient.

The Home Care Program also provides school health support services for pupils with special health care needs which, if not provided in a school setting, could interfere significantly with their educational program.

For more information, telephone your local home care program or the Ministry of Health Home Care Program at (416) 963-1364 or (416) 963-1360 or write to:

Home Care Program
15 Overlea Boulevard, 6th Floor
Toronto, Ontario M4H 1A9

Ambulance services

(a) Land ambulance — in Ontario:

To qualify as an OHIP benefit, use of a land ambulance must be confirmed as being essential by a physician, a designated hospital official or another person authorized by OHIP. Any person may call for the use of an ambulance providing it is medically necessary and appropriate to use that service. To qualify as an insured benefit, the ambulance must be supplied by a licensed ambulance service within the province of Ontario. If the use of an ambulance is medically necessary, OHIP will pay a portion of the cost.

(b) Air ambulance — in Ontario:

Use of an air ambulance must have prior approval. The use of an air ambulance within Ontario can be obtained by placing the request with any provincial ambulance service, or a licensed physician, who will obtain the proper authorization from the central authority. OHIP pays for a portion of the cost for a medically essential in-province air ambulance.

(c) Air and land ambulance — out of province:

When the use of an ambulance outside Ontario is medically necessary, OHIP may reimburse up to 75 per cent of the amount charged.

To claim the cost of ambulance service outside of or to Ontario, there must be a demonstrated need for the patient to be confined to a stretcher or for a medical attendant to accompany the patient during the journey.

Costs for transportation from Ontario to another province or country may be

claimed only when the transfer is necessary for medical services not available in Ontario and with prior approval.

Costs for transportation to Ontario from another province or country via air ambulance may be reimbursed only when the patient is admitted directly to a hospital in Ontario.

In the case of an air ambulance, original medical reports or certificates from both the dispatching and receiving physicians and proof of payment are needed. These documents must confirm the transfer as necessary and appropriate. Air ticket vouchers or air charter invoices are also required. Prior approval should be obtained when possible by contacting the number for information and assistance listed below.

- (d) Uninsured ambulance trips (land and air)
Outside or entering Ontario:
Non-essential or uninsured usage of an ambulance is not an OHIP benefit and is not reimbursed.

Within Ontario:

Non-essential or uninsured usage of an ambulance will be billed at the uninsured rate in accordance with the Health Insurance Act.

For more information call (416) 422-1144.

Dental care in hospital

Dentists' fees for a specific list of procedures are covered by an OHIP Dental Schedule of Benefits when they are performed in an approved hospital by a dental surgeon who is a member of the hospital's staff.

The OHIP Dental Schedule of Benefits provides coverage of certain specified dental services rendered in a hospital.

Benefits are provided for the surgical removal of teeth when hospitalization is medically necessary and prior approval has been obtained from the General Manager of OHIP.

Your dentist or oral surgeon can advise you if scheduled dental procedures to be performed in a hospital are payable by OHIP.

OHIP does not pay for any dental benefits provided in dentists' offices or in any facility other than an approved hospital.

Optometrists

OHIP pays for visual assessments when rendered by an optometrist. Other services of optometrists, such as contact lens fittings, the cost of contact lenses themselves, and the cost of eyeglasses, are not OHIP benefits. Most optometrists submit their accounts directly to OHIP for payment.

Private physiotherapy

Private physiotherapy services are covered by OHIP only when ordered by a medical practitioner and when rendered in certain specified facilities.

Other health services

If you receive health services from chiropractors, osteopaths or chiropodists (podiatrists) OHIP will provide benefits up to the maximum amounts allowable by OHIP. Benefits are paid on a per visit basis.

Services not insured

- any hospital charges above standard ward rate for private or semi-private accommodation
- hospital visits solely for the administration of drugs
- charges for dental care, except as specified on pages 19 and 20 of this booklet
- eyeglasses, artificial limbs, crutches, special braces and other such aids except as designated by the Assistive Devices Program
- private-duty nursing fees
- drugs prescribed and taken home on discharge from hospital
- transportation charges other than approved ambulance service (See page 18.)
- physiotherapy services rendered by private physiotherapy facilities not approved by OHIP for billing
- medical examinations or certificates required for applications for employment or the continuance of employment, life insurance or admission to camps or recreational activities
- cosmetic surgery, except with prior OHIP approval
- acupuncture
- psychological testing, except in hospital
- any health service other than those provided by approved hospitals or practitioners as specified in this booklet

Out-of-province coverage

OHIP pays for the benefits described below for insured Ontario residents travelling outside the province. OHIP should be notified

whenever departure from the province is planned for an extended period.

Within Canada

(a) Hospital benefits:

OHIP pays the full hospital charges through a reciprocal billing arrangement with other provinces and territories, for insured in-patient or out-patient services (including standard ward room and board, drugs, X-rays, and all other regular charges) for medically necessary care in a hospital acceptable to OHIP anywhere in Canada.

(b) Medical benefits:

Physician services are insured services, whether provided in or out of hospital. Under Ontario's reciprocal medical billing agreement with other provinces and territories, most physician services will be paid through their province's health insurance plan which will in turn bill OHIP. Insured services not covered by this reciprocal agreement or provided in a province or territory not participating, may be billed directly to you. Submit these claims for reimbursement to your nearest OHIP office.

(c) Practitioner benefits:

Insured services by practitioners, whether provided in or out of hospital, are payable only at the rates applicable in Ontario. OHIP will pay the practitioner directly when authorized by the coverage holder, and OHIP Schedule of Benefits rates are accepted by the practitioner as payment in full. Claims forms containing these authorizations are available from OHIP offices.

Note: Physiotherapy is an insured service only when performed on an in-patient or out-patient basis in a hospital.

Outside Canada

Before travelling outside of Canada, it is recommended that you obtain private insurance coverage that will pay for health care costs not covered by OHIP. (See Page 25 — Additional Coverage.) OHIP will deal directly with any approved hospital outside Canada that will submit an itemized account to OHIP. For example, many hospitals in the United States near the Ontario border and some states (e.g., Florida) will accept your OHIP identification card and bill OHIP directly. For those hospitals which do not honour OHIP coverage, the subscriber must pay the hospital. The subscriber will be reimbursed only on the submission of an itemized hospital statement and receipt. A translation of bills that are written in languages other than English or French will help speed up your OHIP reimbursement.

(a) Hospital benefits:

When an insured person receives treatment in a hospital acceptable to OHIP, the full hospital charges for insured in-patient or out-patient services are payable when the necessary treatment is the result of an emergency, or medical evidence is provided and confirmed in advance by OHIP that treatment is not available in Ontario.

For elective hospital care, benefits are paid at 75 per cent of the hospital charges for insured services.

(b) Medical benefits:

These are payable at the rates listed in the OHIP Schedule of Benefits for physicians' services. However, under certain circumstances, payments for some surgical or other complex procedures may be made at the usual and customary fee paid by insurers in the place where the service was rendered. Please contact the medical consultant at your OHIP district office for more information about the exceptions.

(c) Dental and other services:

Payment for these services outside Ontario is a direct transaction between you and the physician or other practitioner. If possible, you should first check carefully into the cost of such treatment, since OHIP pays no more for these services than it pays if the same services are received in Ontario.

To apply for reimbursement, you should obtain an itemized account (copies are acceptable only if notarized) from the physician or other practitioner. Forward the original claims, retaining a copy for yourself, to your local OHIP office (see pages 29 and 30), making sure that all of the following information is included:

- physician's or other practitioner's name
- subscriber's last name and initials
- subscriber's OHIP number
- subscriber's Ontario address and, if different, address to which payment should be sent
- patient's first name
- patient's last name if different from subscriber's

-
- patient's birth date
 - patient's sex
 - details of service provided
 - diagnosis
 - dates of services
 - number of services
 - fee per service, and total fee charged
 - hospital name — if applicable
 - date of admission — if applicable
 - referring physician's name — if applicable

You are responsible for payment of any difference between the out-of-province bill and the amount allowed by OHIP.

Additional coverage

The costs of medical services outside Ontario, especially in the United States, are almost always much higher than those in Ontario. As OHIP can only reimburse your medical bills at the same rates as paid in Ontario, it is suggested that you purchase additional coverage before travelling outside of Canada. Various private (non-government) companies offer coverage for such purposes. Your travel agent may be able to advise you about such insurance.

Temporary absence from Ontario

Under certain circumstances residents may arrange to continue in OHIP while living temporarily outside Ontario. Contact OHIP for details, stating the reason for your absence and its expected duration.

If you leave Ontario

If you leave Ontario to take up residence elsewhere in Canada, you may continue your OHIP coverage only until other health coverage becomes effective, or up to the first day of the third month after you leave Ontario — whichever comes first.

If you take up residence outside Canada, OHIP coverage is extended to the first day of the fourth month following departure from Ontario.

Visitors to Ontario

Tourists, transients and visitors to Ontario are not eligible to enrol in OHIP. Private insurers offer short-term insurance coverage for non-residents during visits to Ontario.

How are your bills paid?

Please . . . always quote your OHIP number when contacting OHIP.

Hospital bills

OHIP will pay directly the insured costs of in-patient and out-patient care provided in an approved hospital anywhere in Canada. By an interprovincial agreement designed to relieve subscribers of paying costly hospital charges, OHIP can settle the account with the province where the service is rendered. If for any reason you do pay the account, send your itemized, receipted invoice to your local OHIP office for reimbursement. (See pages 29 and 30.)

Physicians' and optometrists' bills

Most Ontario physicians and optometrists submit claims for insured services directly to OHIP. However, some physicians and optometrists choose to bill their patients first. If so, they will complete a claim card and forward it to OHIP. A cheque will then be issued directly to you.

Other practitioners' bills

Other health practitioners such as chiropractors, chiropodists and osteopaths may or may not bill OHIP directly for insured services, but are required to submit a claim card on behalf of the patient.

Physicians' fees

Ontario physicians must comply with regulations under the Health Disciplines Act, 1974. Physicians are not permitted to:

- require payment for an insured service under OHIP as a condition to be met before completing a claim card; or
- require payment for an insured service under OHIP before providing an itemized account of the services where a request is made.

For more information write to:

The College of Physicians and Surgeons
of Ontario
80 College Street
Toronto, Ontario M5G 2E2

Fees of other health practitioners

If there are disputes about fees for services performed by dentists, chiropractors, chiropodists, osteopaths or optometrists, such cases should be reported in writing to the particular organization concerned:

Complaints Committee

The Royal College of Dental Surgeons
of Ontario

230 St. George Street
Toronto, Ontario M5R 2N5

Complaints Committee

Board of Directors of Chiropractic

130 Bloor Street, Suite 702
Toronto, Ontario M5S 1N5

Complaints Committee

Board of Regents of Chiropody
Act of Ontario

222 St. Patrick Street
Toronto, Ontario M5T 1V4

Complaints Committee

Board of Directors of Osteopathy

372 Bay St., Suite 502
Toronto, Ontario M5H 2W9

Complaints Committee

The College of Optometrists of Ontario

40 St. Clair Avenue West, Suite 908
Toronto, Ontario M4V 1M2

Inquiries about individual claims should be referred to your local OHIP office, the address of which is listed on pages 29 and 30. Always quote your OHIP number when contacting OHIP.

Ontario's Drug Benefit for Senior Citizens

Ontario's Drug Benefit pays for selected prescription drugs at no charge to senior citizens and others who qualify.

For further information, please contact:

Ontario Drug Benefit
Ministry of Health
P.O. Box 78
Kingston, Ontario
K7L 5K2

Telephone:
(613) 548-6552 Kingston
(416) 965-9337 Toronto

Details are provided in the brochure: **Ontario's Drug Benefit for Senior Citizens.**

20 OHIP offices

Ontario Health Insurance Plan

Please ... always quote your Ontario Health Insurance number when contacting OHIP.

Zenith numbers are toll free and may be reached by dialing "0" (Operator) and requesting the zenith number listed below. Your local telephone directory lists the telephone number for your OHIP office in the blue pages.

Toll free number (for surrounding area only).

Barrie

30 Poyntz Street
L4M 3P2
Tel.: (705) 726-0326

1-800-461-7597
(From Area 705)

Hamilton

119 King Street West
L8P 4T9
Tel.: (416) 521-7100

1-800-263-2197
(From Area 416)

1-800-263-2162 or
1-800-263-2187
(From Area 519)

Kenora

100 Main Street South
P9N 1S9
Tel.: (807) 468-9554 or
(807) 468-3610

1-800-465-1141
(From Area 807)

Kingston

1055 Princess Street
K7L 5T3
Tel.: (613) 546-3811

1-800-267-0933

(From Area 613)

Kitchener

Canada Life Square
235 King Street East
N2G 4N5
Tel.: (519) 745-8421

1-800-265-2385

(From Area 519)

London

227 Queens Avenue
N6A 1J8
Tel.: (519) 433-4561

1-800-265-4703

(From Area 519)

Mississauga

201 City Centre Drive
L5B 2T4
Tel.: (416) 275-2730

Zenith 96420

(Caledon Area)

1-800-387-9468

(From Area 416)

Oshawa

Executive Tower
Oshawa Centre
419 King St. W.
L1J 7J2
Tel.: (416) 434-3700

1-800-263-3814

(From Area 416)

1-800-263-3952

(From Area 705, 519 and 613)

Ottawa

75 Albert Street
K1P 5Y9
Tel.: (613) 566-2740

1-800-267-1912

(From Area 613)

Owen Sound

981 2nd Avenue East
N4K 2H8
Tel.: (519) 376-6447

1-800-265-3190

(From Area 519)

Peterborough

139 George Street North
K9J 3G6
Tel.: (705) 743-2140

1-800-461-1934

(From Area 705)

St. Catharines

59 Church Street
3rd Floor
L2R 3C3
Tel.: (416) 682-6658

1-800-263-4973

(From Area 416)

Sarnia

452 Christina Street North
N7T 5W4
Tel.: (519) 337-2348

1-800-265-1453

(From Area 519)

Sault Ste. Marie

205 McNabb Street
Suite 205
P6B 1Y3
Tel.: (705) 759-8598

1-800-461-2215

(From Area 705)

Sudbury

199 Larch Street
8th Floor
P3E 5R1
Tel.: (705) 675-4261

1-800-461-4006

(From Area 705)

Thunder Bay

435 James Street South
P7E 6E3
Tel.: (807) 475-1351

1-800-465-5067

(From Area 807)

Timmins

38 Pine Street North
101 Mall, Suite 110
P4N 6K6
Tel.: (705) 264-5388

1-800-461-9829

(From Area 705)

Toronto

2195 Yonge Street
(at Eglinton)
M4S 2B2
Tel.: (416) 482-1111

7 Overlea Blvd.

M4H 1A8

Tel.: (416) 965-1000

Windsor

1427 Ouellette Avenue
N8X 1K1
Tel.: (519) 258-7560

1-800-265-4840

(From Area 519)

How to call an ambulance

The phone number of the local ambulance service can be found in all Ontario telephone directories in the white pages under *ambulance*.

Keep your local number handy at home, near the phone, for use in case of an emergency.

Calling an ambulance anywhere in Ontario

If you have sudden need of an ambulance when away from home anywhere in Ontario, the local service can be called in exactly the same way. In urgent cases when for any reason this course cannot be followed:

1. Dial 0 for operator.
2. Ask for Zenith 90000.
3. When you have been connected, state where the ambulance is needed.

Zenith 90000 does not replace the normal telephone number of the local ambulance service, and is intended for use only when you do not have a local listing.

Have your OHIP number with you at all times. You will be asked for it.

OHIP number

Emergency phone numbers:
(for you to fill in and keep handy)

Doctor

Hospital

**Poison information or
control centre**

Dentist

Police

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